

NOTICE OF INTENT (NOI)

for De Minimus Discharges to Waters of the United States Under AZPDES Permit No. AZG2004-001

• SINGLE-SOURCE DISCHARGE •

FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE FAXED TO (602) 771-4674 OR SUBMITTED TO:

Surface Water Permits Unit – NOI / De Minimus Arizona Department of Environmental Quality 1110 W. Washington, 5415B-3, Phoenix, AZ 85007

A. GENERAL INFORMATION	Is the facility located on/or will discharge to Indian Country Lands? Yes No	
I. APPLICANT (must be same as <u>signer</u> , page 3)		
Name:	Phone:	
Business/Agency:		
Mailing Address:		
City:	State: Zip Code:	
The Applicant is the: Owner O	perator Owner/Operator	
II. CONTACT INFORMATION		
Name of Contact Person:	Phone:	
Contact Person's Position/Title:	· · · · · · · · · · · · · · · · · · ·	
Contact Person's Address (if different than a	above):	
City:	State: Zip Code:	
Fax (optional):	e-mail (optional)	
III. FACILITY/DISCHARGE LOCATION (a	ddress if applicable, or driving directions from nearest municipality):	
IV. OTHER ENVIRONMENTAL PERMITS discharge) (Reference Permit Numbers &	HELD OR APPLIED FOR BY THE APPLICANT (related to the Type: UST, RCRA, APP, etc.)	
Permit authorization cannot occur until Minimus General Permit, AZG2004-00 For discharges to ephemeral, can will implement prior to discharge	AN (BMP). Check one of the following statements, if true. a BMP Plan has been developed according to the terms of the De 1. anals without DWS, or effluent dependent waters, I have prepared and e, a BMP Plan in compliance with the terms of this General Permit. The identified in this NOI and will control erosion.	
Printed Name of Contact for BMP plan	: Phone: WS, perennial, intermittent, unique or impaired waters, a copy of the	

B. DISCHARGE INFORMATION	Applicant Name:
Average Daily Flow Volume (GPD):	Source of Discharge (check one):
measured estimated	Well installation, development, test pumping & purging.Water supply system flushings, pressure releases, and
Flow Rate (GPM): Average Flow Rate: Maximum Flow Rate: measured estimated Estimated total volume of discharge (in gallons): Frequency & Duration of Discharge (in days): Estimated Date(s) of Discharge:	overflows. Maintenance of water supply wells, pipelines, tanks, etc. Subterranean Dewatering. Hydrostatic testing of new pipes, tanks, or vessels. Hydrostatic testing of pipes, tanks, or vessels previously used to transport oil or gas. [Must include ADEQ approval under A.A.C. R18-9-301(C)(3) and analytical data with NOI.] Hydrostatic testing of potable water system, reclaimed water transport systems, or sewer collection system components. Disinfection of water supply pipelines, tanks, etc. Other (describe) If the discharge is from a well give the DWR well registration number:
	Does the discharge contain reclaimed wastewater? Yes No If yes, what class?
Location of Discharge:	
(Degrees, minutes, seconds)	_ Longitude: ° ' " .
describe the presence and concentration of	se of discharge, any treatment processes, any added chemicals, and constituents of concern (known or suspected) in discharge. Also with discharge and distance from receiving water.

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RECEIVING WATER:		
Discharge is to: EFFLUENT DEPENDENT WATERS EPHEMERAL or CANALS without DWS WATERS		
PERENNIAL, INTERMITTENT, or CANALS with DWS WATERS UNIQUE or IMPAIRED WATERS		
Name of receiving stream or waterbody:		
If ephemeral, the name of the closest perennial/intermittent waterbody:		
If ephemeral, distance to the closest perennial/intermittent waterbody:		
Is there potential for the discharge to enter a municipal storm sewer system (MS4), canal, or privately owned conveyance?		
Yes No If yes, enter name of the MS4 or conveyance owner:		
If yes, has a copy of the NOI been sent to the owner/operator of the conveyance? Yes No		
 K Attach a topographic map detailing the path from the point of release to the point of discharge(s) to a water of the U.S. If the discharge is conveyed to the water of the U.S. through an MS4, canal, or other stormwater conveyance, the location of the entry to conveyance is to be shown. 		
CERTIFICATION (PER PART V.K.1 OF THE PERMIT):		
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, I believe the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZG2004-001 issued by the Director."		
Printed Name of Applicant Date:		
Signature of Applicant ** Title:		
Business Name		
Business Address		

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You may attach additional text if desired to convey additional information/explanation relative to the discharge or this NOI.

^{**} Please see signatory requirements, De Minimus General Permit (AZG2004-001), Part V.K.1.